

L12000152580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

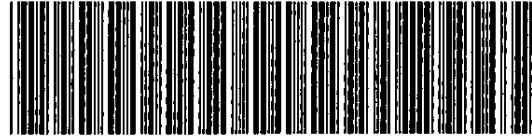
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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100242306081

Effective Date 12-3-12

100242306081
12/04/12--01018--009 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 DEC -4 AM 8:40

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J. SAULSBERRY
EXAMINER

DEC 6 2012

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **SOUCI 123, LLC**

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JERRY S. SHER

Name of Person

Firm/Company

P.O. BOX 402125

Address

MIAMI BEACH, FLORIDA 33140

City/State and Zip Code

JS.SHER@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JERRY S. SHER

Name of Person

at (**305**) **674-5956**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOUCI 123, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

825 ARTHUR GODFREY ROAD

SUITE 100

MIAMI BEACH, FLORIDA 33140

Mailing Address:

P.O. BOX 402125

MIAMI BEACH, FLORIDA 33140

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

TODD FODIMAN

Name

1111 BRICKELL AVENUE, SUITE 2150

Florida street address (P.O. Box **NOT** acceptable)

MIAMI, FLORIDA 33131

City, State, and Zip

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

JERRY S. SHER

825 ARTHUR GODFREY ROAD, SUITE 100

MIAMI BEACH, FLORIDA 33140

MGR

PHILIP R. LOZMAN

825 ARTHUR GODFREY ROAD, SUITE 100

MIAMI BEACH, FLORIDA 33140

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/3/2012 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of the State constitutes a third degree felony as provided for in s.817.155, F.S.)

JERRY S. SHER

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)